

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY  
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's**

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **14 JUL 18 AM 10:22**  
 Shaheen for Senate **12FE4M5**

ADDRESS (number and street) **105 N State Street**

☐ Check if different than previously reported (ACC)

**Concord**

**CITY**

**NH**  
**STATE**

**03301**

**ZIP CODE**

2. **FEC IDENTIFICATION NUMBER**

**C00457325**

3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**

4. **STATE** **DISTRICT**

**NH**

**00**

**For Candidates Only**

5. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☒ July 15

Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

This report also covers the semi-annual period

Election on  in the State of  See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers the semi-annual period

Election on  in the State of  See Line 6(b)

6. **Covered Period(s)**

This report covers

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

**04/01/2014**

through

**06/30/2014**

(b) Semi-Annual Covered Period

and/or ☒ January 1 - June 30

☐ July 1 - December 31

7. **Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs**

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

**\$167,306.16**

(b) Semi-Annual Covered Period

**\$198,147.43**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **MICHELLE CHICOINE**

Signature of Treasurer

**7-15-14**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3L**

02/2009

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